

**SEALY ISD OUT OF DISTRICT ENROLLMENT POLICY**  
**Excerpts from SISD Policy FDA (LOCAL)**

**Nonresidents may enroll their children in Sealy ISD schools with no tuition charge, according to the following stipulations:**

- **Students must reapply for interdistrict transfer annually.**
- **A transfer shall not be approved that would limit the educational opportunities of resident students.**
- **The Superintendent has the authority to accept or reject any transfer request, provided that such action is without regard to race, religion, color, sex, disability, or national origin.**
- **Transportation shall not be provided for interdistrict transfer students. Excessive absences, tardies, or early pick ups from school can be result in the revocation of the transfer.**

**REVOCAION** The Superintendent has the authority to revoke interdistrict transfers as provided in the transfer agreement. Students who transfer into the Sealy ISD shall follow all rules and regulations of the Sealy ISD, including, but not limited to, Sealy ISD policies and regulations, the Student Code of Conduct, and attendance requirements. Failure to fulfill any of these responsibilities may result in the revocation of the transfer agreement.

**Please initial the following:**

\_\_\_\_\_ I understand that school assignment will be made by the district and based on available space.

\_\_\_\_\_ I understand that I must reapply for a transfer to Sealy ISD each school year.

\_\_\_\_\_ I understand that, if approved, this request is granted conditionally on student behavior, academic effort, and attendance, including tardies.

\_\_\_\_\_ I understand that transportation to the assigned school is my responsibility.

\_\_\_\_\_ I understand that falsification of information is a Class A Misdemeanor, which can lead to legal action and will lead to revocation of this agreement.

\_\_\_\_\_ I understand that I must follow all UIL rules concerning student transfers and the UIL eligibility limitations regulating high school, varsity, athletic competition for nonresident transfers.

**Upon receipt of approval to enroll, it is the parent/guardian’s responsibility to contact the assigned school to receive enrollment information within 10 days of the date notification is mailed. (See below.)**

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date**

<b>FOR DISTRICT USE ONLY</b>			
Superintendent (Designee)Signature	Date	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Principal Signature	Date	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
School Assigned _____			
This transfer is effective for the _____ school year.			
Date Notification E-mailed _____			

**SEALY INDEPENDENT SCHOOL DISTRICT**  
**Application for Transfer for a Non-Resident Student**

Please fill out a separate form for each student. For more information or assistance in completing this form, please call SISD District Office at 979-885-3516. Once form is completed, return to the Office of Superintendent, 939 Tiger Lane, Sealy, TX 77474. Applications will be stamped as to the date and time in the order they are received. These applications will then be considered in that order. SISD will only accept non-resident transfers to the extent that there is sufficient personnel and facility space. Application deadline is June 15, 2018.

Student's Name \_\_\_\_\_  
last first middle

Student's current grade level (2018-2019) \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ (00/00/2000)

Sex of the Student Male \_\_\_\_\_ Female \_\_\_\_\_

Name of school district in which you reside \_\_\_\_\_

Name of school student would attend at their present address \_\_\_\_\_

Reason for transfer request \_\_\_\_\_  
\_\_\_\_\_

Printed parent/guardian name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone #'s Home \_\_\_\_\_ Work/Cell(Father) \_\_\_\_\_ Work/Cell(Mother) \_\_\_\_\_

Email \_\_\_\_\_

**Please check the appropriate statements:**

- My child was placed or attended a disciplinary alternative education program (DAEP or JJAEP).  
List Dates: \_\_\_\_\_

My child receives the following services at his/her school:

- |  |  |
|--|--|
| <input type="checkbox"/> Gifted/Talented Program                   | <input type="checkbox"/> Special Education (please check all that apply) |
| <input type="checkbox"/> Chapter 1 Instruction                     | <input type="checkbox"/> Speech Therapy                                  |
| <input type="checkbox"/> Counseling                                | <input type="checkbox"/> Inclusion or Regular Education                  |
| <input type="checkbox"/> Prekindergarten                           | <input type="checkbox"/> Content Mastery                                 |
| <input type="checkbox"/> Section 504 Placement                     | <input type="checkbox"/> Physical Therapy                                |
| <input type="checkbox"/> Dyslexia Program                          | <input type="checkbox"/> Resource Room                                   |
| <input type="checkbox"/> Bilingual or English as a Second Language | <input type="checkbox"/> Self-Contained Classroom                        |
|  | <input type="checkbox"/> Occupational Therapy                            |
|  | <input type="checkbox"/> Other:  |

- My child received none of the services described above.

**Application is not complete unless the following documents are attached:**

- Report Card for previous year
- Disciplinary Records for previous year
- Attendance Record for previous year
- STAAR/EOC results for previous year